

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)

11/17/05

APPLICANT(S)

649479

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	6			
TOTAL DEP.	8	1	1	1	
TOTAL CLAIMS	10	7			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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